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Preparations for the special session of the General Assembly on the implementation of the outcome of the World Summit for Social Development and further initiatives

Review reports and proposals for further action and initiatives submitted by organs and specialized agencies of the United Nations system and other concerned organizations

Note by the Secretary-General

Addendum

Contribution from the Joint United Nations Programme on Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome**

1. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives, in paragraph 21 of the annex to decision 1,[1] invited the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS), in conjunction with its seven sponsors, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank, to prepare and propose means for

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** The report is being issued herewith as received in the language of submission only.

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immunodeficiency syndrome infection rate in young people between the ages of 15 and 24, with the goal of ensuring that by 2010 prevalence in that age a group is reduced globally by 25 per cent and in the 25 African countries most affected by the pandemic, by 25 per cent by 2005.

2. The Secretary-General accordingly circulates herewith, for the information of the Preparatory Committee, the report prepared by UNAIDS in response to that request, following consultations with WHO, UNFPA, UNICEF, UNDP, UNDCP, UNESCO and the World Bank.

Notes

[1] *Official Records of the General Assembly, Fifty-fourth Session, Supplement No. 45* (A/54/45 and corrigendum), chap. VI, sect. B.

Report of the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

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I. Introduction

1. In the five years since the World Summit for Social Development Conference took place, the HIV/AIDS epidemic has continued to grow with an estimated 16,000 people worldwide becoming newly infected each day. 33.6 million people in the world are currently living with HIV/AIDS, one-third of whom are young people between the ages of 10 and 24. The impact of AIDS has been most severe in Sub-Saharan Africa. 13.7 million Africans have died as a result of infection, and another 23.3 million are currently living with HIV/AIDS. It is estimated that in 1999 alone, 3.8 million adults and children were newly infected with HIV. At the national level, the 21 countries with the highest HIV prevalence are in Africa.

2. Young people are in the front line of the HIV pandemic; they are vulnerable and disproportionately affected. Young people between the ages of 10-24 account for over 50% of all HIV infections occurring after infancy worldwide. In 1998, nearly 3 million young people were infected, equivalent to more than five young men and women every minute of the day, every day of the year. Approximately 7 million young people (15-24) in sub-Saharan Africa were estimated to be living with HIV infection or AIDS at the end of 1998. The vulnerability of young people is a result of many factors, including poverty, unemployment, under/decreased education, discrimination, and the impact of social change on family and communities placing young people in especially difficult circumstances that increase their vulnerability to HIV infection. War and civil disturbance have also proven to be factors in the epidemic's impact on young people, resulting in the large-scale movement of displaced citizens. In conditions ranging from large rural encampments with very limited infrastructure, to intensely crowded urban shantytowns, displaced young people and young refugees may be particularly vulnerable to non-consensual sex, and even with their consent, knowledge about safer sex and the availability of condoms is often limited.

3. The vulnerability of young people is substantially a result of our failure to enable our children to acquire the knowledge, attitudes, values, skills and support they need to prevent their own infection and that of others. As policy-makers, leaders, parents, teachers and responsible adults, we have failed to adequately help young people acquire knowledge of health risks; communication, negotiation and other relevant life skills; and sufficient confidence and self esteem to adopt and adhere to preventive behaviour. We have failed to provide supportive social and political environments in which young people can openly address the problems they face; and we have refused to face the reality that many young people need access to condoms and services that promote health and provide protection, much earlier than we think they need them.

4. In Africa, girls are becoming infected younger and dying earlier than boys are for a variety of reasons. In countries such as Ethiopia, Malawi, Tanzania, Zambia and Zimbabwe, for every 15- to 19-year-old boy who is infected, there are five to six girls infected in the same age group. The special vulnerability of young girls that is reflected in these HIV trends is partly a result of women's lack of equal access to legal, social and economic resources compared to male counterparts making them more vulnerable to sexual exploitation. Young females (and males) can become infected as a result of sexual abuse by relatives (incest), family, friends, teachers and strangers.

5. In major urban areas of east and southern Africa, epidemiological studies have shown that 17% to 22% of girls aged 15 to 19 years -old are already HIV infected compared to 3% to 7% of boys of similar age, indicating a sexual mixing pattern whereby older men are having sex with young girls. In many countries where economic conditions make it more difficult for girls to afford schools fee, they may seek favours of a "sugar daddy" (an older man who offers compensation in cash or kind in exchange for sexual favours), engage in transactional sex (that is, exchange sex for money or goods on an occasional basis) or enter sex work (willingly or forced) to pay for school or to support their families.

6. Where cultural and social norms place a high value on virginity among girls, young women may be inhibited from seeking sexual and reproductive health information and services. In order to protect their virginity, which is critical for marriage in some cultures, some young women may adopt unsafe sexual practices such as unprotected anal sex placing them at increased risk for acquiring HIV or other STI.

Young girls may also be vulnerable to HIV as a result of their desirability to adults who believe them to be virgins, and free from infection.

7. The increasing availability and use of psychoactive substances by young people in African countries, especially alcohol, is reason for concern. These substances impair judgement, diminish inhibitions and increases the likelihood of unprotected sex and the subsequent risk of being infected with HIV..

8. However, there is room for hope. In Uganda, where a rapid rise in HIV prevalence was originally seen, real progress has been made in confronting the epidemic. The key to stemming the rise of HIV/AIDS in Uganda focussed on the behaviour of young people. Most of the decline in HIV prevalence has been recorded among young women aged 15 to 19 years coming to urban antenatal clinics, a fact that is unlikely to be explained by any other reason than behaviour change in this group.

9. Young people are increasingly appreciated as a key resource for changing the course of the HIV epidemic. Studies have shown that they can be both responsive to HIV prevention programmes and effective promoters of HIV prevention action. Interventions including voluntary counselling and testing (VCT), condom social marketing, education, and diagnosis and treatment of sexually transmitted infections (STI) have been shown to change behaviours and to reduce the risk of HIV among young people. If young people have access to information, skills, services and commodities, they can be enabled to adopt safe behaviours. Therefore, investing in HIV prevention among young people is likely to contribute significantly to a more sustainable response to HIV/AIDS.

II. Background

10. The Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives (WSSD+5) invited UNAIDS and its cosponsoring organisations to develop a plan of action to reduce HIV infection levels among young people by 25% in the 25 most affected countries in Africa by 2005 (Annex 1). The need to prioritise HIV/AIDS and young people and to take action to stop the spread of HIV by investing in adolescent health and development has been highlighted in several recent forums (Annex 2). In December 1998, the elements of a global strategy for young people and HIV/AIDS was presented by UNAIDS at its Programme Coordinating Board Meeting in India. The seven areas of action articulated in the elements of a global strategy were further defined for the 1999 UNAIDS World AIDS Campaign which again focused on young people. The key actions in the ICPD+5 Goals/Programme of Action addressed the issue of young people specifically and identified a similar goal of reducing HIV/AIDS by 25% by 2005 in the most affected countries. Moreover, in December 1999, a meeting on the International Partnership against AIDS in Africa was convened by the Secretary General in New York with the goal of bringing together a broad range of partners to respond to the epidemic and to mobilise the high level political support required such that, "*by the year 2005 HIV prevalence in age group 15-24 years is reduced globally, and by 25 percent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 percent.*"

World Summit for Social Development

11. In preparation of the General Assembly special session of the United Nations to be held in Geneva (26-30 May 2000), to consider the implementation of the Outcome of the World Summit for Social Development and Further Initiatives, the Preparatory Committee for the WSSD +5 met and requested that UNAIDS, in conjunction with its seven co-sponsors, address the following commitment and Action (Decision 1 of the Preparatory Committee as delineated in document A/AC.253/L.7/Rev.1):

Commitment 7:

12. *Acceleration of development in Africa and in the least developed countries.*

para. 70.

13. *Encouraging the 25 African countries most affected by HIV/AIDS to adopt time-bound targets for reducing infection levels, such as a target of reducing infection levels in young people by 25 percent by 2005; and inviting the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, in conjunction with its cosponsoring agencies, to prepare and propose means for implementing a strategy for achieving this target.*

UNAIDS PCB Background Discussion Paper

14. The background discussion paper for the UNAIDS Programme Coordinating Board (PCB) meeting, held in New Delhi in December 1998, addressed the issue of young people and HIV/AIDS: "*Young people and HIV/AIDS: Background discussion paper on the elements of a global strategy*". The PCB paper put forth seven action areas. The purpose was to inform the strategy development discussions of different partners concerned with improving the response to HIV/AIDS, thus, making them more appropriate to the needs of young people. The action areas outlined in the PCB paper were developed with the consensus of the cosponsors, all of which have a role to play in conjunction with governments and NGOs. They are the following:

1) Establish or review national policies to reduce the vulnerability of young people to HIV/AIDS and ensure that their rights are respected, protected and fulfilled.
2) Promote young people's genuine participation in expanding national responses to HIV/AIDS.
3) Support peer and youth groups in the community to contribute to local and national responses to HIV/AIDS.
4) Mobilise parents, policy-makers, media and religious organisations to influence public opinion and policies with regard to HIV/AIDS and young people.
5) Improve the quality and coverage of school programs that include HIV/AIDS and related issues.
6) Expand access to youth-friendly health services including HIV/STI prevention, testing and counselling, care and support services.
7) Ensure care and support of orphans and young people living with HIV/AIDS.

15. These action areas, as agreed upon by UNAIDS and its co-sponsoring organisations, form the basis for the strategies to be implemented to achieve the above-stated goal of reducing HIV among young people in the 25 most affected countries in Africa.

ICPD + 5 Goals and Programme of Action

16. On July 2nd 1999, the 177 Member States participating in the Twenty-first Special Session of the United Nations General Assembly adopted by consensus a final document on "*Key actions for the further Implementation of the Programme of Action of the International Conference on Population and Development*". A particular area of action identified here is especially relevant to the above stated goal. It calls for Governments to provide "services to address effectively their reproductive and sexual health needs", respecting "their cultural values and religious beliefs" placing emphasis on the identity and rights of young people themselves. With the full involvement of young people and with the support of the international community, governments were urged to take action in a number of areas, including the development of action plans to address adolescent health needs. The UN system is specifically requested to support such efforts, and to evaluate programmes, document experiences, develop data collection systems to monitor progress, and to widely disseminate information about the design and functioning of such programmes.

17. A number of important recommendations are also made with regard to gender. In particular, the need to respect the human rights of women and girls is stressed. Governments are urged to incorporate these into formal and informal education processes; to promote and achieve gender equality and equity; to promote and protect the human rights of the girl child and young woman, which include their economic and social rights, as well as freedom from coercion, discrimination and violence, including harmful practices

and sexual exploitation; and to ensure universal access to appropriate, affordable and quality health care for women through their life cycle. The key actions document also calls for the development and availability of appropriate indicators for monitoring progress at the national level.

III. Areas for Strategic Action

18. In the five years after the World Summit for Social Development there has been a growing consensus on the centrality of health in development: as a critical input to social development; as an outcome of development; and as a fundamental human right. Few examples as clearly as HIV/AIDS have exemplified this inter-relation between development and health. HIV/AIDS has illustrated the effect of poverty on health, as it is evident that socioeconomic factors such as poverty, illiteracy, gender inequality, rapid industrialisation, and increased population mobility have affected the rapid spread of HIV. Moreover, HIV/AIDS has illustrated the equity gap. Successful public health measures have stabilised the epidemic in most developed countries. However, many developing countries are experiencing exponential growth of HIV/AIDS cases and yet they receive about 12% of global spending on HIV/AIDS care, research and prevention, despite having 95% of the HIV/AIDS cases.

19. The ultimate objective of development is an improvement in the human condition. In order for development to reap health and other social gains, development policies and economic strategies must be consciously aligned to the attainment of health and social objectives. The HIV/AIDS epidemic is erasing the many gains made in the last fifty years with regards to development, such as literacy and life expectancy. If we intervene now to stop the spread of HIV among young people, in a comprehensive manner, we can achieve the many objectives that have been set forth with regards to education, health, gender equity and human rights, while saving the lives of these young people. This is not only a challenge to all sectors, but the responsibility of each to ensure the health and development of young people, without whom there is no future.

20. The following areas for strategic action have been highlighted as essential for achieving the goal set forth by the United Nations to reduce the number of new HIV infections among young people by 25% by the year 2005 in the 25 African countries most affected by the epidemic.

A. Measurement

21. The availability of data is crucial for reaching the goal as stated below:

22. *Encouraging the 25 African countries most affected by HIV/AIDS to adopt time-bound targets for reducing infection levels, such as a target of reducing infection levels in young people by 25 percent by 2005; and inviting the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, in conjunction with its cosponsoring agencies, to prepare and propose means for implementing a strategy for achieving this target.*

23. There is significant need to expand surveillance programmes to collect data by age, sex and year. This data is critical in order to know the extent of the epidemic among the young people in Africa and those most affected. Monitoring the impact of HIV/AIDS will better allow organisations to take appropriate targeted action.

24. In addition to improving and expanding surveillance measures, it is critical that there be monitoring and evaluation of interventions, both process and impact. This will allow decision-makers to make more informed choices with regard to human and financial resource allocation. Such data will be especially important as governments prepare to bring programmes to scale at the national level.

25. Continued efforts are needed to improve surveillance systems oriented more towards risk behaviours especially among highly vulnerable groups. Such behavioural surveillance methods will generate more specific information that will help in targeting interventions, particularly at the policy level.

26. Nearly all the countries with high HIV prevalence have conducted some studies and situation analysis on HIV/AIDS and young people. However, more comprehensive and compatible analysis should take place at country level in order to best inform programme planning and resource allocation, as well as to allow for a more manageable system with which to share experiences between countries in the region. Capacity building at the country level will be necessary for collecting and analysing data at national and communal levels to measure HIV/AIDS and other adolescent health and development indicators.

B. National policies to promoted young people's rights and reduce their vulnerability to HIV/AIDS

27. Adolescents must have opportunities to develop their individual capacities in safe and enabling environments that promote their participation and contribution to society. Realising this outcome for adolescents will contribute to human development and rights by maximising the resource that adolescents represent in their families and communities; breaking the inter-generational patterns of poverty; socio-economic exclusion, gender and ethnic discrimination, exploitation and abuse; and ameliorating a range of public health priorities, in particular, HIV/AIDS.

28. Adolescents must have access to a full range of opportunities and services, fundamental to their healthy development and to reducing their risk of acquiring HIV. They need schooling, youth-friendly health services and counselling, access to a distinct juvenile justice system, and opportunities for livelihood that are appropriate for evolving capacities, contribute to their development and are adequately remunerated.

29. Most African countries have formulated policies within their National Strategic Plans on HIV/AIDS that have become the basis for programmatic action directed at prevention, care and impact alleviation specifically for young people. The scopes of these policies have varied from country to country. Some articulate general strategic goals of prevalence reduction among young people; others are more specific in terms of defining priority problem areas, such as child abuse, rape, education for in- and out-of-school youth; age restrictions on the purchase and use of alcohol; while a few more are explicit about national policy-making and implementation mechanisms. This diversity indicates a need to set down comprehensive yet more precise national guidelines that provide both strategic goals as well as measurable objectives for priority areas.

30. Within the framework of the *Convention on the Rights of the Child* (CRC), advocacy for the rights of adolescents must be occurring at all levels, but particularly at the national level in order to generate political commitment for increased attention to protecting their rights and providing for their needs.

31. More efforts are needed in the strengthening of national legislation focusing on protection issues to: prohibit discrimination related to HIV serostatus; protect property rights; assure access to information and services; and, reduce abuse, exploitation and trafficking of young people. Laws realising the rights of young people, and especially young girls should be introduced and more importantly, enforced. Active measures should be taken to improve the status of women, their economic independence, opportunities for education, and participation in the governing and policy-making process. Special policies to cover out-of-school youth are also needed, as these are often the most vulnerable young people.

C. Care and support for young people living with or affected by HIV/AIDS

32. An estimated 90 percent of children orphaned by AIDS are in Sub-Saharan Africa. The onslaught of AIDS on people of reproductive age is increasing the numbers of orphans at such rates that communities cannot rely on traditional means of caring for these children. This is particularly true in many sub-Saharan African countries lacking adequate basic social welfare services. The inability of communities to respond

adequately to the situation has resulted in social psychological and economic deprivation among those children. Therefore, increased community care and support services are needed.

33. The impact of HIV/AIDS on young people has resulted in outcomes such as: youth-headed households: economic/care roles; low educational levels; increased child labour; and the breakdown of family support systems.

34. Special attention must be paid to the needs of young girls as the impact of HIV/AIDS is often worse for girls whose parents have died, since these girls often care for siblings and take on extra work, thereby reducing their opportunities for schooling. In addition, improved employment and educational opportunities are needed for young people left as heads of households and for those young people that cannot attend school because they are caring for a sick relative or working to support the costs of medical care for family members.

35. As more adults die of AIDS and young people are left on their own or as heads of households, their vulnerability to becoming HIV infected greatly increases. Their need to support either themselves or their siblings requires that they seek employment, which can often be a very difficult task for a young person. Desperation may lead them to sell themselves as commercial sex workers or to trade sex for goods, greatly increasing their risk to infection as well as to abuse. Action must be taken to assist young adults to this end, and opportunities for employment that will also help them develop skills must be created and fostered.

36. The need to care for sick or dying relatives or to work in order to support themselves or their families greatly reduces the likely that these young people will continue attending school. Low educational levels have been shown to have adverse consequences to the health and development of young people. Action must be taken to provide education to those young people outside the formal school system.

37. Clearly there is momentum in the African region for interventions related to support and care of orphans and young people living with HIV/AIDS. A large number of countries have included activities oriented towards economic (e.g. nutrition and food security) and social (counselling and education) support for orphans. The challenge in this strategic area revolves around the magnitude of the problem, in which governmental and non-governmental responses are heavily constrained by resources. AIDS information should be integrated into job-skills training programmes. The private sector should be engaged in job creation and skills-building programmes especially developed for out-of-school youth.

C. Education

Schooling

38. AIDS has reduced the hard-won returns on investment in education. Teachers and students are dying or leaving school for economic reasons, because of illness or to care for family members, reducing both the demand for education and the supply of teachers. Over 30 percent of teachers in Malawi and Zambia are estimated to be HIV-infected. Parents with HIV keep children (especially girls) out of school for economic and social reasons, presenting an increasing challenge to reach out-of-school youth with effective AIDS-prevention programs.

39. Responding to the evidence of a crisis in the education sector in Africa as a result of HIV/AIDS, an informal group of agencies (UNAIDS, UNICEF, UNDP, UNESCO, The World Bank and USAID) are collaborating, mostly by email and "virtual conferencing, on several initiatives in the African region aimed at:

a) obtaining better statistics on the impact of HIV/AIDS on education sectors, in order to provide a sound basis for advocacy/action;
b) helping countries build their own relevant research capacities through coordinated research efforts sponsored by outside agencies, but using in-country research teams and institutions, and

c) assisting countries in developing human resources policy and programme initiatives to cope with the dysfunctionalities throughout the education sector (among teachers, administrators, students, families and communities) engaged in the vital local processes that make up education systems on the ground.

School-based health education

40. For AIDS prevention, life skills are as important as information about HIV/AIDS to enable young people to act on their knowledge, increase their autonomy in sexual encounters, and encourage responsible behaviour. Life skills refers to those skills that enhance psychosocial development. These include skills for decision-making and problem solving; creative and critical thinking; communication and interpersonal relations; self-awareness, and coping with emotions and causes of stress.

41. Studies have shown that skill-based education can make a significant and sustainable impact. A global assessment of school-based programmes found that education about sexuality and AIDS prevention incorporated into school-based programmes not only delayed the start of sexual activity but also reduced the number of sexual partners and raised contraceptive use among those who became sexually active.

42. School-based HIV/AIDS education has been a common response among several African countries, as a way of reaching the school-age population. Botswana, Uganda, and Zimbabwe have used life skills as the basis or within family life education, such as Ethiopia. In Kenya and Tanzania, the thrust has been reproductive health education. A noteworthy development in a few countries has been the inclusion of sexuality and AIDS education within in-service capacity building and preparation programmes for teachers. A fundamental component in school-based AIDS programmes is raising teacher capacities to address both information/skills needs on HIV/AIDS and education on issues around various aspects of adolescent development, including sexuality.

Information, Education, Communication (IEC)

43. Behavioural change communication continue to be the principle, first-option approach in almost all African countries. Often carried through peer education, these programmes have largely focused on breaking traditionally held taboos on sexual issues, thereby providing young people with much needed information. Interpersonal communication in small groups to discuss sensitive sexuality-related concerns combined with mass media as well as traditional media for creating public awareness on more general HIV/AIDS issues have shown to be effective. Peer education within outreach programmes has been used in reaching out-of-school youth.

44. Education for prevention and non-discrimination with the goal of transforming social norms that place young people at risk needs to be a priority. Furthermore, education programmes must address adults and, in particular men so that they may adopt more responsible sexual behaviours.

45. Efforts are needed to greatly improve the quality and expand the coverage of schooling and of school programmes that include HIV/AIDS and related issues. Increased technical support to governments is required to support them in the development of appropriate school programmes that include lifeskills education. Ensuring access to schooling, especially for girls, by introducing specific measures such as subsidies, scholarships, and the provision of alternative venues for education including vocational training is necessary.

E. Youth-Friendly Health Services

46. High rates of adolescent pregnancy and of sexually transmitted infections (STI) provide an indication of the extent of unprotected sexual activity among young people. Demographic health surveys conducted in sub-Saharan Africa between 1990 and 1996 show that nearly 70% of women in Uganda, Burkina Faso and Guinea were pregnant by the age of 19, and over half the women in Benin, Cameroon,

Namibia, Tanzania and Zambia also became pregnant as adolescents. Moreover, the under 25 year olds account for approximately one-third of the 333 million new cases of STI per year.

47. Youth-friendly health services that offer young people access to diagnosis and treatment for STI, family planning services, antenatal and obstetric care, the possibility of discussing sexuality or substance use, and obtaining condoms and other protective devices are not commonly found. Access to treatment and drugs for opportunistic infections and TB therapy are other essential elements of health services for all young people with HIV/AIDS. Counselling is rarely available and voluntary counselling and testing (VCT) services are scarce in developing countries. The negative health consequences to adolescents by not seeking care and treatment or not being able to access services can be severe.

48. Injecting drug use (IDU) is not very common in Africa, however, increases are being seen in some countries such as Nigeria and South Africa. Increased attention must then be given to this issue, as it has been shown that a comprehensive response before prevalence reaches 5% can curtail the spread of HIV via IDU through outreach to IDUs, access to sterile needles and syringes, and access to drug treatment and education. If attention and resources are not directed at monitoring this form of transmission, severe consequences can result as evidence shows that HIV can explode to over 40% of the IDU population within 6-12 months.

49. The need to address substance use is also critical as resulting intoxication from alcohol and other substances places adolescents at increased risk for engaging in high risk sexual behaviour, such as non-use of condoms, difficulty in negotiating safer sex, increased numbers of partners, and abuse/exploitation. It is critical that efforts to address safer sexual practices also include the connection to substance use.

50. National AIDS Strategic Plans in Africa have increasingly acknowledged the value of establishing youth-friendly health services. Since there is a prevalent fear among young people of the lack of confidentiality and of discrimination in many health facilities, health services especially for young people 's needs have been gaining prominence in national plans. Some countries have opted to provide these services through partnerships with NGOs demonstrating expertise in this area and already operating such services. In a few countries, public health services are being redesigned for this special purpose, with particular emphasis on training health workers on voluntary counselling and testing, HIV/AIDS prevention, and STI diagnosis and treatment grounded in adolescent psychology and development.

51. Strategies are being developed to integrate VCT into health services and other agencies targeting young people. Work is also being undertaken to look at the integration of STI and HIV prevention and care within family planning services.

52. Action should be taken to strengthen the capacity of public and private health and social facilities to provide youth-friendly services and health promotion activities. Efforts should also be made to assure that services are accessible to especially vulnerable young people (e.g. displaced adolescents, street youth). In addition, because overall coverage of health services in Africa is low, access to the essential elements of health services outside of traditional service structures should be made available.

F. Mobilisation of young people, families and communities

53. There are special reasons as to why young people's involvement is essential for action on HIV/AIDS. Young people's understanding of life is developed both with and among their peers. Friends shape young people's understanding of social relationships, develop negotiation skills, and enables them to develop a sense of personal competence and responsibility. This kind of peer support is invaluable for AIDS action, because it can channel correct information about HIV prevention. In addition, it can draw young people into productive activities which significantly contributes to increased competence and confidence.

54. When young people are empowered they are highly effective messengers to their friends, peers and local communities. However, a critical issue is "how to" operationalise young people's participation.

Support to peer and youth groups in communities, schools, and workplaces must be defined in consultation with them. The approach should emphasize HIV/AIDS but also be used as an opportunity to equip them with life skills.

55. The mobilisation of stakeholders in adolescent development, particularly parents and community groups, has emerged to have significance in some African countries. National Strategic Plans on HIV in three countries clearly embody interventions involving parents and communities that focus on improving intergenerational communication and strengthening the family and community systems to provide psychosocial support principally for the needs of young people vulnerable to violence and poverty. The involvement of young people themselves in more substantive roles (programme design, implementation and evaluation) is an area that needs to be further advanced in many countries. A small number of countries partner with large, traditional youth-oriented organisations, such as the YM/WCA and national youth centres. While the need for interventions for young people has taken firm roots, mobilising young people at grassroots levels as resources remains an area for development.

56. Efforts should be made to increase participation of young people in decision-making, planning, implementation, and evaluation of programmes and policies with regards to health and social issues that concern them. Training and support to parents and adults who are responsible for working with/for young people, such as teachers, health and social service providers, NGO staff, community leaders and policy makers are also required in order to develop their abilities to work with young people.

IV. Role of UNAIDS Cosponsors, the Secretariat, Governments, NGOs, Civil Society

UNICEF

57. UNICEF has committed to stepping up implementation of its programmes through its country programmes of cooperation. HIV/AIDS programme officers will be appointed in at least ten UNICEF Country Offices in Eastern and Southern Africa to greatly strengthen the design and implementation of HIV/AIDS programmes. In HIV/AIDS endemic countries, UNICEF offices should be expanding access to voluntary and confidential counselling and testing by supporting the introduction of such services. These services are to be offered to risk groups, including pregnant women and adolescents.

58. UNICEF offices in the 25 most affected countries will (1) define IEC campaigns for youth with measurable objectives, focusing on key messages that every young person should be exposed to, (2) strengthen lifeskills education in schools and out-of-school programmes, and (3) ensure the definition and implementation of a standard package of youth-friendly services both in and beyond the health system. UNICEF will also make efforts to mobilise young people, increase access of young people to VCT, and support community capacity building.

UNDP

59. As part of the International Partnership Against HIV/AIDS in Africa, UNDP has indicated its focus on mainstreaming HIV/AIDS activities within the context of sustainable human development, governance and human rights. The creation of the appropriate enabling environment within societies is critical for all, and especially for the young, to be able to seek information, assistance, and care.

60. In addition, UNDP plans rapid assessment of pilot projects and has supported work on deepening the involvement of civil society organisations and communities, including local governments in the response to the epidemic, and support to regional prevention of maternal mortality network as a resource for the Africa region.

61. Future activities will continue within the framework of sustainable human development, governance and human rights with a focus on community involvement, supporting the creation of the needed enabling environments at national and local levels, involvement of HIV positive people, and building partnerships with civil society and private sector.

62. Within UNDP's decentralised environment specific goals will be established in each country office and within the regional programme. In this context, UNDP has recently adopted a planning and monitoring approach under Results Based Management. The totality of UNDP's assistance at the country level is reflected in a Strategic Results Framework (SRF). The same format guides work at regional and global levels as well.

63. A large part of the SRF reflects the work on governance, human rights, and community involvement, and is categorised within the section of the SRF entitled: The Enabling Environment for Sustainable Human Development. More specifically to actions on HIV/AIDS, within the SRF section on Poverty Eradication and Sustainable Livelihoods. These, then, are the corporate directions for work on HIV/AIDS by UNDP which will be in addition to the many windows of opportunity that will present themselves under the Enabling Environment and the Gender sections of the SRF.

UNFPA

64. UNFPA support to reproductive health has been directed traditionally to family planning and related activities, but broader issues of sexual and reproductive health and HIV/AIDS have attained much greater priority in the ICPD+5 Programme of Action. UNFPA will continue to support HIV/AIDS prevention activities in all its programme countries and with UN partners, non-governmental organizations and civil society, and the private sector, in national AIDS programmes. UNFPA will support at all levels of both formal and non-formal schooling education about population and health issues, including sexual and reproductive health. UNFPA will also support the supply and distribution of condoms, including research on the feasibility and efficacy of the female condom, and evaluation of projects with HIV/AIDS prevention components.

65. UNFPA will support the provision of appropriate, specific, user-friendly and accessible reproductive health services, including sexual health education, information and counselling services for adolescents. In addition, it will support HIV/AIDS prevention activities specifically targeted at men. It will assist in the development at national and other levels, as appropriate, of action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities and to the extent feasible, involve adolescents and youth themselves in the design and implementation of such information and services.

66. UNFPA will also support the training of reproductive health information and service providers in HIV/AIDS; and health promotion strategies and IEC activities on HIV/AIDS as part of population and reproductive health programmes. This includes efforts to equip adults (e.g. parents, community and religious leaders, other legal guardians) with the knowledge and skills involved in providing sexual and reproductive health information.

UNDCP

67. UNDCP will address drug abuse and HIV/AIDS in Africa through:

- Drug abuse preventive education and training in treatment and rehabilitation
- The strengthening of NGOs and communities involvement in drug abuse prevention
- Rapid assessments: UNDCP will coordinate activities of its Regional offices in Senegal and Pretoria and its sub-regional office in Nairobi with those of other cosponsors on the extent and pattern of drug abuse in relation to HIV/AIDS.

68. UNDCP's thematic priorities are to focus on drug abuse prevention and advocacy, mainly in the areas of:

- Relationship between HIV/AIDS and injecting drug use
- Assessment of the extent of HIV infection generated through irresponsible sexual behaviour cause by illicit drug abuse
- Drug education, awareness and information programmes, as well as ongoing counselling, treatment, community care and rehabilitation programmes including HIV components.

69. UNDCP will focus on reducing initial drug use among young people and the negative health consequences of drug abuse including HIV infection. UNDCP programmes will target vulnerable populations and particularly children and young people. UNDCP will develop education programmes that include life skills training, and IEC campaigns designed, implemented and evaluated with youth participation.

UNESCO

70. UNESCO's aim is to encourage the development of effective educational strategies that help young people adopt attitudes and behaviours to avoid HIV infection.
UNESCO's strategy in education for HIV/AIDS prevention:

- Strengthen the capacity of Ministries of Education to implement or develop effective educational programmes on HIV/AIDS prevention within the school systems through high-level regional seminars for education decision-makers.
- Adaptation, translation and world-wide distribution of prototype curriculum and resource materials for use in school settings
- Development of an action framework to strengthen information exchange through existing UNESCO international networks and resource centres, in collaboration with NGOs and educational institutions
- Promotion of preventive education based on local traditional cultures and values, and developing compatible innovative teaching methods with NGOs.

WHO

71. HIV/AIDS is overwhelming the health services and education systems of many member states. WHO will focus on strengthening health services to respond to the epidemic by supporting improved health policy planning and more effective health service delivery. Improving the health system's response to HIV/AIDS among the entire population has been a particular effort in several African countries. The role of community based care to complement institutional care of people living with HIV/AIDS is also being examined.

72. Considerable effort is being devoted to improve the accessibility and acceptability of health services to adolescents (school going; especially vulnerable young people such as refugees, street youth); and to improving the knowledge and skills of health workers to adolescent adolescents' needs. Strategies are being developed to integrate voluntary testing and counselling into health services and other organisations working with young people.

73. WHO is working with a range of international alliances and networks to implement HIV/STI prevention activities through schools. An HIV/STI prevention component of life skills education in schools is being developed. Promotion of skills-based education beyond the school setting is seen to be a critical area for support for Africa.

74. Blood safety as a priority area for action - young people are over-represented in statistics on trauma and complications of pregnancy which may require the transfusion of blood or blood products.

75. WHO has an extensive programme of work covering the prevention and treatment of tuberculosis associated with HIV infection. Much of this work is relevant to young people as both HIV and TB infection rates are rapidly increasing in this group. WHO is giving special attention to improving access to pharmaceuticals for prophylaxis and treatment of HIV and HIV-related illnesses for vulnerable young people.

76. In association with UNAIDS, WHO is involved in the development of HIV surveillance and operational manuals. Technical support is being provided to countries to establish and strengthen their HIV/AIDS/STI surveillance capacity.

77. WHO will continue focussing on reducing the initiation of substance use among young people as well as addressing the negative health consequences of their use in Africa , including HIV infection.. This will be done through country, regional and global activities to develop and implement rapid assessments and response tools; improve primary prevention, eg education; increase training in treatment and rehabilitation. Moreover, while IDU is currently not common in Africa, WHO is undertaking a global study on IDU and HIV to assess the overall extent of the problem and develop tools to improve intervention design.

78. Efforts to develop a policy framework for African countries to reduce the vulnerability of young people to HIV/AIDS and to ensure that their rights are known, respected, protected and fulfilled will be high on the agenda.

World Bank

79. The World Bank will play a stronger role in this effort. The Bank's new strategy to combat the epidemic in partnership with African governments and UNAIDS stands on four pillars:

1) Advocacy to position HIV/AIDS as a central development issue and to increase and sustain an intensified response.
2) Increased resources and technical support for African partners and Bank country teams to mainstream HIV/AIDS activities in all sectors.
3) Prevention efforts targeted to both general and specific audiences, and activities to enhance HIV/AIDS treatment and care.
4) Expanded knowledge base to help countries design and manage prevention, care, and treatment programs based on epidemic trends, impact forecasts, and identified best practices.

80. To stimulate and support implementation of the strategy, the Bank has established a multisectoral AIDS Campaign Team for Africa (ACT*africa*), based in the Office of the Regional Vice Presidents. Most of its work will be demand-driven and funded from country budgets. The team will serve as the region's focal point and clearinghouse on HIV/AIDS and will provide a variety of services, including:

- Equipping and supporting Bank country teams to mobilise African leaders, civil society, and the private sector to intensify action against HIV/AIDS.
- Retrofitting projects with HIV/AIDS components where possible, assisting in the development of new dedicated HIV/AIDS projects, and building AIDS-mitigation measures into other projects where necessary.
- Supporting Bank country teams in addressing HIV/AIDS in their country assistance strategies.
- Exploring the feasibility of building an AIDS impact assessment module into existing environmental and/or social assessment processes.
- Collecting and disseminating information on the progress of the epidemic, country-by-country statistics, and best practices.

- Strengthening and expanding the Bank's partnership with UNAIDS, as well as with key agencies, nongovernmental organisations, and interested bilaterals.

81. Equally important will be continued Bank efforts to help countries improve their economic and social circumstances and hence slow the spread of the epidemic by educating girls; reducing poverty; making health sector reform more HIV/AIDS sensitive; expanding gender initiatives; and strengthening capacity building to address the massive loss of skills and experience that has resulted from the epidemic.

V. Conclusions

82. There is strong consensus about what works to slow the HIV/AIDS epidemic. Successful national HIV/AIDS programs have many things in common. They have government commitment at the highest level and multiple partnerships at all levels with civil society and the private sector, and establish programmes that make HIV/AIDS highly visible. They invest early in effective HIV prevention efforts, especially for adolescents, and use mutually reinforcing interventions that reflect the conviction that safer practices are not only the result of individual decisions related to behaviours, but are also the result of changing the context in which decisions are taken. Moreover, they are decentralised and use participatory approaches. The challenge is to create the enabling environment and mobilise the resources to quickly bring these interventions to scale.

83. The governments of these countries cannot alone ensure the well being of their youth population. Partnerships are key, as are increased resources, policy development, review and reform of laws, social mobilisation and co-ordination among the international community, government, the private sector and civil society.

84. It is clear that on all fronts the battle has begun to fight the AIDS pandemic to ensure the health and well being of our young people, not because they are our future, but because they live today.

VI. Recommendations

Recalling the targets related to HIV/AIDS and young people as noted in commitment 7, paragraph 21 of the Preparatory Committee for the WSSD+5[1] and in accordance with the lines of action indicated in the global strategy for young people adopted in 1999 by UNAIDS Programme Coordinating Board with representatives of 22 governments, non-governmental organisations and the Cosponsoring organisations, it is recommended that:

1. Governments expand and strengthen their current programmes on and with young people and HIV through the following actions:

   - Develop a collective strategic vision among governments, non-governmental organisations, the donor community and intergovernmental organisations in order to assure the necessary multisectoral response/interventions needed to address the needs of young people.

   - Organise and support the establishment of a young people's task force on HIV/AIDS as a body to oversee and advise on overall policy and strategy in the twenty-five most affected countries in Africa. The youth task force should be based in a key government department with responsibilities in youth activities and HIV/reproductive health activities. Membership would include other government departments, civil society organisations and other stakeholders, including young people and major implementers. UNAIDS and its Cosponsors should facilitate this process by increasing support and by assisting the formulations, implementation and evaluation of programme activities.

   - The primary responsibilities of the national young people's task force should be to:

     - Conduct situational analysis at country level, reviewing the current status of young people's health and development, with a focus on HIV/AIDS;

     - Conduct analysis of providers of public health, social and economic services including key NGOs, youth organisations, religious groups, and associations of people living with HIV/AIDS;

     - Prioritise areas for intervention, following the areas for strategic action;

     - Actively promote or intensify the capacity and participation of young people non-governmental organisations in the planning and implementation of the national youth and HIV work;

     - Develop a detailed workplan specifying inputs, activities and measures on an annual basis for 4 years, in line with National Strategic AIDS plans;

[1] A/AC.253/L.7/Rev.1 Commitment 7, paragraph 21, "Invites the United Nations <Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, in conjunction with its seven sponsors, the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the United Nations International Drug Control Programme, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization and the World Bank, to prepare and propose means for implementing a strategy for reducing the human immunodeficiency virus/acquired immunodeficiency syndrome infection rate in young people between the ages of fifteen and twenty-four years, with the goal of ensuring that by 2010 prevalence in this age group is reduced globally by 25 per cent and in the twenty-five African countries most affected by the pandemic, by 25 per cent by 2005.

- Make provisions for adequate technical support for specific interventions;

- Develop a plan for mobilising resources mobilisation to support programmes related to the goal of reducing HIV among young people in the country.

2. In order to accelerate focussed action at country level, the UNAIDS Secretariat and its cosponsors:

- Support means of increasing national technical capacity related to the areas of strategic action in this report and the means of exchanging information and progress among countries. This will require the technical and operational support of the 25 African countries, in particular related to the provision of socio-economic and health services, information/skills building, and community-based action to reduce the conditions that place adolescents at risk of infection and to promote their healthy development.

- Undertake a process of further clarifying roles and responsibilities of their specific comparative advantages with regards to interventions for the prevention of HIV among young people, in order to ensure that adequate and appropriate human and financial resources are allocated for the specific purpose of achieving this goal.

- Develop a core set of indicators and tools to monitor overall implementation of youth programmes through UN theme groups on HIV/AIDS in countries, and to evaluate the impact of the global strategy for young people in the most affected countries in Africa.

- Consolidate resources for capacity building by creating or strengthening technical resource networks at country and regional levels.

- Develop a strategy for resource mobilisation for programme activities for young people as part of the International Partnership Against HIV/AIDS in Africa.

3. The UNAIDS Secretariat provides continued leadership and support in the detailed preparation of a UN workplan for young people which includes inputs, activities and measures in 25 African countries most affected by HIV/AIDS.

Annex 1 (provisional*)

Current Prevalence in 15-24	Countries	Average Prevalence (15-24)	Target Prevalence (15-24)	Approximate Number of 15-24 Living with HIV/AIDS
High Category (Prevalence in 15-24 above 10%)	Botswana			
	Swaziland			
	Zimbabwe			
	Lesotho			
	South Africa			
	Namibia			
	Zambia			
	Malawi			
	Mozambique			
	Group Average	15%	11%	3,000,000
Medium Category (Prevalence in 15-24 between 5 and 10%)	Kenya			
	CAR			
	Cote d'Ivoire			
	Rwanda			
	Ethiopia			
	Burundi			
	Uganda			
	Tanzania			
	Group Average	7%	5%	2,700,000
Lower Category (Prevalence in 15-24 between 2 and 5%)	Congo			
	Burkina Faso			
	Togo			
	Cameroon			
	Nigeria			
	Djibouti			
	Gabon			
	Democratic Republic of Congo			
	Group Average	4%	3%	1,400,000
	Overall Average	7%	5%	7,100,000

*To be further developed later in 2000

Annex 2

Regional and Sub-regional technical forums contributing towards the development of a common goal:

> *Encouraging the 25 African countries most affected by HIV/AIDS to adopt time-bound targets for reducing infection levels, such as a target of reducing infection levels in young people by 25 'percent by 2005; and inviting the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, in conjunction with its cosponsoring agencies, to prepare and propose means for implementing a strategy for achieving this target.*

Ouagadougou, Burkina Faso: 2 June 1998
34th Ordinary Session on the OAU Assembly: Burkina Faso Summit

Addis-Ababa, Ethiopia: 8 May 1999
ECA Conference: 304th Meeting

Johannesburg, South Africa: 4-5 November 1999
Special Meeting of the SADC Health Ministers and the Health Minister of Rwanda

Algiers, Algeria: 6-10 July 1999
70th Ordinary Session of the Organization of African Unity

Tokyo, Japan: 19-21 October 1998
TICAD II: Tokyo Declaration on African Development

Meeting for the Development of Objectives and Goals by Partners

Annapolis, Maryland: 19-20 January 1999
International Partnership Against HIV/AIDS in Africa
Meeting of the UNAIDS Cosponsoring Agencies and Secretariat

London, United Kingdom: 23-24 April 1999
Meeting of Donor Countries on the International Partnership Against HIV/AIDS in Africa

Maputo, Mozambique: 14-16 June 1999
Meeting of Theme Group Chairs, National AIDS Programme Managers, and UNAIDS Country Programme Advisors – Southern Africa Region

Dakar, Senegal: 30-31 August 1999
The International Partnership Against HIV/AIDS in Africa: Meeting with NGO Representatives

Lusaka, Zambia: 14 September 1999
Local Level Partnerships: Meeting with NGO Representatives

Gabarone, Botswana: 20-23 September 1999
Consultation with Christian Leadership and Development Organisations Journey into Hope: Consultation on HIV/AIDS-Related Issues

Acronyms and Abbreviations

ACT*africa*	AIDS Campaign Team for Africa (World Bank)
AIDS	acquired immunodeficiency syndrome
CRC	Convention on the Rights of the Child
HIV	human immunodeficiency virus
IEC	Information, Education & Communication
MOE	Ministry of Education
MOH	Ministry of Health
MTCT	mother-to-child transmission
NGO	nongovernmental organisation
SRH	sexual and reproductive health
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific, and Cultural Organisation
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
VCT	voluntary counselling and testing
WHO	World Health Organisation